3. The method of claim 1, further comprising engaging a proximal connector that is coupled to the flexible torque component and positioned at a proximal end of the endoscopic instrument with a drive assembly configured to provide torque to the flexible torque component.

4. The method of claim 1, further comprising fluidly coupling a vacuum source to a distal end of the endoscopic instrument to remove, from the endoscopic instrument, the portion of the polyp entering the endoscopic instrument via the opening of the outer cannula.

5. The method of claim 1, wherein the flexible torque component includes a flexible torque coil having a plurality of layers of one or more threads, each of the plurality of layers is wound in a direction opposite to a direction in which one or more adjacent layers of the plurality of layers is wound and the aspiration channel is partially defined by an inner wall of the flexible torque coil.

6. The method of claim 1, wherein actuating the flexible torque component and actuating a vacuum source coupled to the endoscopic instrument includes actuating the flexible torque component and actuating the vacuum source coupled to the endoscopic instrument simultaneously.

7. The method of claim 1, wherein actuating the flexible torque component includes providing torque to the inner cannula that is sufficient to cut at least a portion of the polyp.

8. The method of claim 1, wherein actuating the flexible torque component includes actuating the flexible torque component to cause an inner cannula of the cutting assembly to rotate relative to the outer cannula via a foot pedal.

9. The method of claim 1, wherein the polyp is a first polyp and further comprising:

upon cutting at least a portion of the first polyp and without removing the endoscopic instrument from the flexible endoscope, positioning the opening of the outer cannula at a second polyp within the colon;

actuating the flexible torque component to rotate the inner cannula relative to the outer cannula, the inner cannula cutting at least a portion of the second polyp; and

actuating the vacuum source coupled to the endoscopic instrument to remove the cut portion of the second polyp from within the colon.

10. A method of removing polyps from within a patient, comprising:

inserting a flexible endoscope within an opening of a patient;

disposing an endoscopic instrument within an instrument channel of the flexible endoscope to remove a polyp from a surgical site within the patient, the endoscopic instrument including a cutting assembly having an outer cannula, an inner cannula disposed within an outer cannula, and an opening defined along a portion of a radial wall of the outer cannula, the inner cannula rotatably coupled to a flexible torque component having a length that extends along a length of the flexible endoscope, the flexible torque component, upon actuation, providing torque to the inner cannula;

providing irrigation fluid via an irrigation channel from a lavage port of the endoscopic instrument that remains outside the flexible endoscope while the endoscopic instrument is disposed within the instrument channel, the irrigation channel extending from the lavage port to a the opening of the outer cannula and partially defined by an inner surface of the radial wall of the outer cannula and an outer surface of the inner cannula, an outer tubing coupled to the outer cannula and a rotational coupler, the rotational coupler configured to cause the outer tubing and the outer cannula to rotate relative to the inner cannula and the lavage port upon rotating a portion of the rotational coupler;

positioning the opening of the outer cannula at the polyp;

actuating the flexible torque component to rotate the inner cannula relative to the outer cannula, the inner cannula cutting a portion of the polyp as the inner cannula rotates adjacent to the opening; and

actuating a vacuum source coupled to the endoscopic instrument to provide suction to an aspiration channel defined by an inner wall of the inner cannula and the flexible torque component to remove the cut portion of the polyp from within the colon via the aspiration channel.

11. The method of claim 10, further comprising rotating, via rotation of the portion of the rotational coupler, the outer cannula to a position in which the opening of the outer cannula is viewable via a camera of the flexible endoscope.

12. The method of claim 10, wherein disposing the endoscopic instrument within the instrument channel of the flexible endoscope includes inserting a distal end of the endoscopic instrument in the instrument channel of the flexible endoscope.

13. The method of claim 10, further comprising engaging a proximal connector that is coupled to the flexible torque component and positioned at a proximal end of the endoscopic instrument with a drive assembly configured to provide torque to the flexible torque component.

14. The method of claim 10, further comprising fluidly coupling a vacuum source to a distal end of the endoscopic instrument to remove, from the endoscopic instrument, cut the portion of the polyp entering the endoscopic instrument via the opening of the outer cannula.

15. The method of claim 10, wherein the flexible torque component includes a flexible torque coil having a plurality of layers of one or more threads, each of the plurality of layers is wound in a direction opposite to a direction in which one or more adjacent layers of the plurality of layers is wound and the aspiration channel is partially defined by an inner wall of the flexible torque coil.

16. The method of claim 10, wherein actuating the flexible torque component and actuating a vacuum source coupled to the endoscopic instrument includes actuating the flexible torque component and actuating the vacuum source coupled to the endoscopic instrument simultaneously.

17. The method of claim 10, wherein actuating the flexible torque component includes providing torque to the inner cannula that is sufficient to cut at least a portion of the polyp.

18. The method of claim 10, wherein actuating the flexible torque component includes actuating the flexible torque component to cause an inner cannula of the cutting assembly to rotate relative to the outer cannula via a foot pedal.

19. The method of claim 10, wherein the polyp is a first polyp and further comprising:

upon cutting at least a portion of the first polyp and without removing the endoscopic instrument from the flexible endoscope, positioning the opening of the outer cannula at a second polyp at another surgical site;

actuating the flexible torque component to rotate the inner cannula relative to the outer cannula, the inner cannula cutting at least a portion of the second polyp; and

actuating the vacuum source coupled to the endoscopic instrument to remove the cut portion of the second polyp from within the patient.

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